

EXHIBIT A

To : Angie Lopez

From : Wyman Guy

RE: DR. visit information.

Any questions please call (302) 764-7654

Pgs. 9

08/05/2008 15:03

3027659879

Case 1:05-cr-00026-SLR Document 43-2 Filed 08/06/2008

FAYE BAKER

PAGE 02/09



MAR

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# Emergency Department MEDICATION RECONCILIATION

Instructions:

1. Be completed upon arrival. 2. Do not write in shaded area.

GUY, WYMAN

AGE 031 / M DOB 11 08 976

07/29/08

000075287402

MRN 000900072692



Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Care Physician: \_\_\_\_\_ Phone # (if known): \_\_\_\_\_

Medication allergies: ☒ No ☐ Yes, list name and reaction: \_\_\_\_\_

Other allergies: ☐ Latex ☐ Shellfish ☐ Intravenous dye ☐ Other: \_\_\_\_\_

Current Medication/Reason (prescription/over the counter/herbal/vitamins)	Dose (amount)	Route (how taken)	Frequency (schedule)	Time of Last Dose	Given in ED (time)	Stop Taking
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Are there any medications at this time ☐ Unable to obtain

The above are the medicines we were told you were taking at home before you came to the emergency department.  
 Continue current medications listed above unless "stop taking" is marked in the last column.  
 Do not have any questions about your current medications, contact the prescribing physician.  
 Contact your family doctor before taking any medications you have at home that are not on this form.

New Medications	Dose (amount)	Route (how taken)	Frequency (schedule)	Time of Last Dose	Prescription given	Next dose due
IN 500mg	500mg	PO	Every 6hrs		<input checked="" type="checkbox"/>	
100mg	50mg	PO	Every 6hrs		<input checked="" type="checkbox"/>	
ADT 100mg	50mg	PO	Every 6hrs		<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

your patient discharge sheet for additional information and instructions.  
 Add this list to all doctor's appointments and hospital visits.

Reconciling medications:

Signature of Patient/Proxy: \_\_\_\_\_ Date: 7/29/08  
 Signature of Physician: \_\_\_\_\_ Date: 7/29/08  
 Relationship to Patient: \_\_\_\_\_



Page \_\_\_\_ of \_\_\_\_

Emergency Department  
**MEDICATION RECONCILIATION**

Instructions:

1. To be completed upon arrival. 2. Do not write in shaded area.

Home phone #: 764-7654 Cell phone #: 764-7654  
Address: 511 W. 2nd City: Wilmington State: DE Zip: 19802  
Primary Care Physician: \_\_\_\_\_ Phone # (if known): \_\_\_\_\_

Medication allergies: ☒ No ☐ Yes, list name and reaction: \_\_\_\_\_

Other allergies: ☐ Latex ☐ Shellfish ☐ Intravenous dye ☐ Other: \_\_\_\_\_

Current Medication/Reason (prescription/over the counter/herbal/vitamins)	Dose (amount)	Route (how taken)	Frequency (schedule)	Time of Last Dose	Given in ED (time)	Stop Taking
<u>Aspirin</u>						<input type="checkbox"/>
<u>Warfarin</u>						<input checked="" type="checkbox"/>
<u>Simvastatin</u>						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

☒ No medications at this time ☐ Unable to obtain

- Listed above are the medicines we were told you were taking at home before you came to the emergency department.
- Continue current medications listed above unless "stop taking" is marked in the last column.
- If you have any questions about your current medications, contact the prescribing physician.
- Contact your family doctor before taking any medications you have at home that are not on this form.

New Medications	Dose (amount)	Route (how taken)	Frequency (schedule)	Time of Last Dose	Prescription given	Next dose due
<u>Penicillin</u>	<u>500mg</u>	<u>PO</u>			<input checked="" type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

- See your patient discharge sheet for additional information and instructions.
- Take this list to all doctor's appointments and hospital visits.

Physician reconciling medications: <u>[Signature]</u> 7/31 Signature/Title Date	Patient explaining instructions: <u>[Signature]</u> 7/31/08 Signature/Title Date	Understand and have received a copy of these instructions: <u>[Signature]</u> 7/31/08 Patient/Responsible Adult Date
Print Name or ID# _____ Time _____	Print Name or ID# _____ Time _____	Relationship to Patient _____ Time _____

**Guy, Wyman**

Tue Jul 29, 2008 Page 1  
12:21 PM

Discharge Instructions from:  
Steven Kuslauer, M.D. / Matthew Hay, PA-C MH1118353  
Christiana Care Health Services - Wilmington Hospital

Christiana Hospital, 4755 Ogletown-Stanton Rd, Newark, DE 302-733-1000  
Wilmington Hospital, 14th & Washington St, Wilmington, DE 302-733-1000

**CONTINUE YOUR CURRENT MEDICATIONS AS PRESCRIBED BY YOUR PRIVATE PHYSICIAN(S) UNLESS OTHERWISE INSTRUCTED BY YOUR EMERGENCY DEPARTMENT PROVIDER HERE TODAY.**

**TOOTHACHE/DENTAL ABSCESS:**

Toothache is usually caused by tooth decay as a result of poor dental care. The treatment in the Emergency Department is usually pain medicine. Often an abscess is present which requires antibiotics and may need surgical drainage.

It is very important for you to realize that your treatment in the Emergency Department is a temporary measure, and is not a substitute for seeing a dentist. You should contact your dentist as soon as possible for follow-up. Regular visits to your dentist are necessary if you wish to keep your teeth throughout your lifetime.

**Area Dental Services:**

**Dental Office - Wilmington Hospital.....428-4850**

Open MON through FRI 8AM-4PM

Note: A \$40.00 fee will be required at time of visit. Cash or credit card accepted. Further fees based on income. Limited emergency appointments available, MUST CALL 1ST!

**Delaware Technical & Community College.....571-5364**

2nd & Shipley Streets, MON-THUR 8AM to 4PM

\$70.00 for extraction; \$150 for fillings. Other services

provided; dental cleaning, and x-rays. Must qualify for services under their "Limited Income Program" so need to bring proof of income and most recent tax return.

Limited emergency services by appointment only...MUST CALL!

\*No root canals, wisdom teeth extraction, crown or dentures.

**DeLaWarr Dental.....577-2973**

500 Rogers Rd, New Castle, DE (ages 3-20 with Medicaid)

**Hudson Center.....368-6668**

501 Ogletown Rd, Newark (ages 3-20 with Medicaid, living in Newark)

**Ministry of Caring.....594-9476**

1410 North Claymont, Wilmington (No Emergencies)

Open MON through FRI 8AM-4PM

Fee structure; 50% discount on services if annual income is less than \$14,000. Limited emergency help via intake facility

Samaritan Outreach....must call 594-9476

**Porter Center.....577-3404**

511 West 8th Street, Wilmington (ages 8-18 with Medicaid)

Must live in 19804 or 19805 school district or zip code to qualify for services. Open MON through FRI 8:30AM-3PM.

---- Instructions are continued on next page. ----

Guy, Wyman

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12:21 PM

West Side Health Services.....302-655-5822  
1802 West 4th Street, Wilmington, Open M-F 8AM-5PM  
Sliding scale fees for services based on income. Must bring  
\$45.00 for 1st appointment and proof of income.

Saltz Dental Center.....800-523-7230  
616 Avenue of the States, Chester, PA

Pierre Toussaint Dental Office.....302-652-8947  
830 Spruce Street, Wilmington DE  
Hours Monday through Friday 8AM-4PM  
Adults ages 19-64  
Charge for extractions \$87, based on income, bring proof of  
income and photo ID. Appointments-NO, intake between 9-3PM.

Henrietta Johnson.....302-655-6190  
601 New Castle Avenue. Open Monday through Thursday  
Sliding scale fees based on income. Must bring \$50.00  
for first visit and proof of income.

Nemours Clinic.....302-651-4406  
1801 Rockland Rd Wilmington DE  
Open Monday through Friday 8AM-4:30PM  
Age 65 and over only Delaware Resident and US citizen  
Services for those with income less than \$12,500 for single  
person or \$17,125 or less for couple.

\*\*\* YOU MAY ALSO CHECK IN YOUR PHONE DIRECTORY-YELLOW PAGES \*\*\*

NOTIFY YOUR DOCTOR OR DENTIST or return here in case of the following:

- Increased swelling of the face or gums.
- Increasing pain.
- Fever.

RX: IBUPROFEN 800 MG TABLETS Disp: # 24 / 0

Directions: 1 tablet 3 times daily for pain,

fever, or inflammation - Used for inflammation (especially arthritis) and relief of pain. - Take  
regularly unless used for mild pain. It can take 1-2 weeks to be effective in arthritis. - Try taking  
with food if it causes stomach upset. - Can cause gastrointestinal bleeding. - Other common side effects  
- dizziness, rash.

RX: PENICILLIN VK 500 MG TABS Disp: QS for 10 days. / 0

Directions: 1 tablet 4 times daily for infection - Antibiotic - needs to be taken regularly until finished. -  
Be sure to take the full number of doses every day. If you forget, catch up with the dose schedule,  
even if you have to take 2 doses at once. - Common side effects - allergic symptoms of rash, itching,  
or breathing difficulty, or gastrointestinal upset. - If this medicine upsets your stomach, try taking it  
with food or milk.

RX: VICODIN 5MG Disp: 16(sixteen) / 0

Directions: 1 every 4-6 hours as needed for pain - Narcotic - usually used for relief of pain or cough. -  
Causes drowsiness. - Narcotics are habit-forming. They should not be used on a regular basis, and  
you should not increase the dosage without your doctor's advice. - YOU SHOULD NOT DRIVE or  
operate heavy machinery while taking narcotic medication due to the drowsiness often caused. - Other

----- Instructions are continued on next page. -----

Guy, Wyman

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common side effects - gastrointestinal upset, constipation, dizziness, allergic symptoms of rash, itching or breathing difficulty.

**FOLLOW UP INSTRUCTIONS:** Wilmington Hosp Dental Office

**Call the above providers (above phone numbers) today or as soon as possible.** Let the office know that you were seen in the Emergency Department and that you were told to call the office to arrange a follow-up visit.

Wilmington Hosp Dental Office (\$10 for office visits)

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I understand any medication given to me to take home must be kept out of the reach of children

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I understand that the treatment I have received was rendered on an emergency basis only and that further treatment may be necessary. I have been given a copy of the above instructions. I understand these instructions; and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department.

\_\_\_\_\_  
(Signature)

Circle One: PATIENT PARENT SPOUSE RELATIVE FRIEND GUARDIAN

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Please take these instructions with you to your next doctors office visit whether it be your primary care doctor or a any specialist you are scheduled to see.

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**PHYSICAL REFERRAL:** If you need assistance obtaining a local physician or dentist you may call the "Christiana Care Referral Service" help line at 302-428-4100.

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**Guy, Wyman**

Thu Jul 31, 2008 Page 1

6:42 PM

Discharge Instructions from Ross Megargel, DO., FACEP.  
Christiana Care Health Services - Wilmington Hospital

Christiana Hospital, 4755 Ogletown-Stanton Rd, Newark, DE 302-733-1000  
Wilmington Hospital, 14th & Washington St, Wilmington, DE 302-733-1000

**CONTINUE YOUR CURRENT MEDICATIONS AS PRESCRIBED BY YOUR PRIVATE PHYSICIAN(S) UNLESS OTHERWISE INSTRUCTED BY YOUR EMERGENCY DEPARTMENT PROVIDER HERE TODAY.**

**DIAGNOSIS:** Caries, dental

**Toothache**

**TOOTHACHE/DENTAL ABSCESS:**

Toothache is usually caused by tooth decay as a result of poor dental care. The treatment in the Emergency Department is usually pain medicine. Often an abscess is present which requires antibiotics and may need surgical drainage.

It is very important for you to realize that your treatment in the Emergency Department is a temporary measure, and is not a substitute for seeing a dentist. You should contact your dentist as soon as possible for follow-up. Regular visits to your dentist are necessary if you wish to keep your teeth throughout your lifetime.

**Area Dental Services:**

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Open MON through FRI 8AM-4PM

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2nd & Shipley Streets, MON-THUR 8AM to 4PM

\$70.00 for extraction, \$150 for fillings. Other services provided; dental cleaning, and x-rays. Must qualify for services under their "Limited Income Program" so need to bring proof of income and most recent tax return.

Limited emergency services by appointment only...**MUST CALL!**

\*No root canals, wisdom teeth extraction, crown or dentures.

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Age 65 and over only Delaware Resident and US citizen  
Services for those with income less than \$12,500 for single  
person or \$17,125 or less for couple.

\*\*\* YOU MAY ALSO CHECK IN YOUR PHONE DIRECTORY-YELLOW PAGES \*\*\*

**NOTIFY YOUR DOCTOR OR DENTIST** or return here in case of the following:

- Increased swelling of the face or gums.
- Increasing pain.
- Fever.

**RX: PERCOCET 5,0/325 MG Disp: (8)-eight / 0**

**Directions:** 1 tablet every 6 hours for severe

pain not relieved by Ibuprofen. - Narcotic - usually used for relief of pain or cough. - Causes drowsiness. - Narcotics are habit-forming. They should not be used on a regular basis, and you should not increase the dosage without your doctor's advice. - **YOU SHOULD NOT DRIVE** or operate heavy machinery while taking narcotic medication due to the drowsiness often caused. - Other common side effects - gastrointestinal upset, constipation, dizziness, allergic symptoms of rash, itching or breathing difficulty.

**SYNCOPE:**

Syncope or fainting is a common problem caused by not enough blood flow to the brain. There are many possible reasons for fainting. It may be caused by internal bleeding or an irregular heartbeat. Many other diseases of the heart and circulation cause fainting. Other causes can include; poor nutrition, diseases of the central nervous system, medications, low blood sugar, or dehydration. Sometimes acute illnesses such as viral infections also result in fainting or severe dizziness.

---- Instructions are continued on next page. ----

**Guy, Wyman**

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Vasovagal syncope can occur in healthy persons for a number of reasons. Examples are the sight of blood, pain, hearing unexpected news, or standing up too quickly after sitting for a period of time.

The actual cause of a fainting spell is often very hard to tell. In some cases, particularly in the elderly, hospital admission may be needed for continued observation. Your evaluation today indicates that a serious cause is not likely. You need to follow-up with your doctor if this happens again or if other symptoms develop. For now, you should stay at rest for 1-2 days, or until you feel well.

**NOTIFY YOUR DOCTOR** or return here in case of the following:

- Reoccurrence of fainting or severe dizziness.
- Chest pain or discomfort of any kind, or irregular heartbeat.
- Abdominal or back pain that is worsening or changing in location.
- Prolonged or high fever.
- Severe or worsening headache.
- Change in mental status - too sleepy, confused, short of breath, irritable, slurred speech, weakness, or difficulty walking.
- Repeated vomiting or inability to retain fluids.

**FOLLOW UP INSTRUCTIONS:** Your Doctor

Call Your Doctor today or as soon as possible. Let the office know that you were seen in the Emergency Department and that you were told to call the office to arrange a follow-up visit.

**FOLLOW UP INSTRUCTIONS:** Office: Dental

Call Office: Dental (428-4850) today or as soon as possible. Let the office know that you were seen in the Emergency Department and that you were told to call the office to arrange a follow-up visit.

Office: Dental 2nd Floor (above the ER) - Wilmington Hospital

**OTHER INSTRUCTIONS:**

Continue taking motrin and penicillin as prescribed.

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I understand any medication given to me to take home must be kept out of the reach of children

=====

I understand that the treatment I have received was rendered on an emergency basis only and that further treatment may be necessary. I have been given a copy of the above instructions. I understand these instructions; and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the Emergency Department.

\_\_\_\_\_  
(Signature)

Circle One: PATIENT PARENT SPOUSE RELATIVE FRIEND GUARDIAN

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Please take these instructions with you to your next doctors office visit whether it be your primary care doctor or a any specialist you are scheduled to see.

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